

# **CDBG PUBLIC SERVICE GRANT APPLICATION (FY 2005)**

## **CITY OF GAITHERSBURG**

Please complete the checklists below and submit them with your application.

### **I. COMPLETENESS CHECKLIST**

<b><u>REQUIRED SECTIONS</u></b>	<b><u>PAGE(S)</u></b>
<input type="checkbox"/> 1. <b>COVER PAGE</b>	1
<input type="checkbox"/> Certification	
<input type="checkbox"/> Federal I.D. Number	
<input type="checkbox"/> 2. <b>EXECUTIVE SUMMARY</b>	2
<input type="checkbox"/> 3. <b>COMMUNITY NEED</b>	3
<input type="checkbox"/> 4. <b>PROJECT DESCRIPTION</b>	4–8
<input type="checkbox"/> 5. <b>ORGANIZATION EXPERIENCE AND CAPABILITY</b>	9–10
<input type="checkbox"/> 6. <b>COMMUNITY DEVELOPMENT (COLLABORATION)</b>	11
<input type="checkbox"/> 7. <b>ACTION PLAN</b>	12–18
<input type="checkbox"/> Project Budget, using the forms provided	
<input type="checkbox"/> Timeline	
<input type="checkbox"/> 8. <b>LEVERAGING</b>	19–21
<input type="checkbox"/> Evidence of other funding commitments	
<input type="checkbox"/> 9. <b>FOR SECOND-YEAR FUNDING REQUESTS ONLY</b>	21–22

### **II. ATTACHMENT CHECKLIST**

Please include the following attachments, if applicable. Number and label the attachments as indicated below. On the checklist, mark an “X” next to each attachment being submitted.

- ☐ 1. Board of Directors listing including names, titles, terms of office (if any), and addresses of all members.
- ☐ 2. Organizational chart or organizational structure.
- ☐ 3. Organization’s current budget and most recent annual report and audit.
- ☐ 4. Resumes of your organization’s chief administrative and chief fiscal officers and any key staff who will work on the proposed project (if known).
- ☐ 5. Two letters of community support (from other organizations, former or current clients, elected officials, etc.).

**SECTION 1 - COVER PAGE**

**CITY OF GAITHERSBURG**

**Community Development Block Grant (CDBG)**

**(For City Use Only)**  
**APPLICATION NUMBER**

\_\_\_\_\_  
**Year 1 \_\_\_\_ Year 2 \_\_\_\_**

**Fiscal Year 2005**

Project Title: \_\_\_\_\_

Amount of **CDBG** Funds Requested: \$ \_\_\_\_\_

Amount of Total Project Budget: \$ \_\_\_\_\_

***Applicant Information:***

Legal Name of Applicant/Organization:

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

***Certification:***

*"I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true."*

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Federal I.D. Number

## **SECTION 2 - EXECUTIVE SUMMARY**

In the box below, provide a project summary, describing the services to be provided, the population to be served, the needs the project will address, and the outcomes or goals it is intended to meet. Please provide only a brief overview; additional detail is requested later in the application.

### **SECTION 3 - COMMUNITY NEED**

What unmet community needs will your project address? How did you identify such needs, and how will your project address them?

#### **SECTION 4 - PROJECT DESCRIPTION**

4a. Describe the services to be provided. Identify any factors that make your proposal unique or innovative.

**PROJECT DESCRIPTION** (continued)

4b. **Location of Project / Primary Service Area(s)**

1. If applicable, please provide the street address for the proposed project:

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2. Please describe the primary service area(s) for this project (that is, the geographic area from which most of the clients will come). If the service area is Citywide, please state that; however, if expected beneficiaries live in certain neighborhoods, areas, or parts of the City, please identify those areas by street, neighborhood, community, or census tract.

3. The City's CDBG funds must benefit primarily persons living in the City of Gaithersburg. Will this CDBG project also serve persons living outside the City?    Yes \_\_\_\_ No \_\_\_\_

If "yes," non-CDBG funds must be used to serve these people. Please identify these other funding sources:

## **PROJECT DESCRIPTION** (continued)

### 4c. **Project Goals**

List the project's goals and expected outcomes. For each goal, describe the service delivery process (i.e., how you will achieve the goal) and identify the specific, quantitative performance measures you will use to determine whether expected outcomes have been achieved.

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#### **Goal #1:**

**How will goal be achieved?**

**What performance measures will be used?**

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#### **Goal #2:**

**How will goal be achieved?**

**What performance measures will be used?**

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#### **Goal #3:**

**How will goal be achieved?**

**What performance measures will be used?**

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If necessary, you may attach one additional page to describe project goals. Label this page, "Continued response to question 4c."

**PROJECT DESCRIPTION** (continued)

**4d. Previous Project Implementation**

Have you previously carried out or attempted to carry out this type of project in the City of Gaithersburg?

Yes \_\_\_\_ No \_\_\_\_

If "yes," please explain:

**NOTE:** If this is a second-year funding request, you must also answer questions 8f.1 through 8f.6.

**4e. Beneficiaries**

1. Estimate the total number of people who will directly benefit from this project: \_\_\_\_
2. Estimate the total number of low- and moderate-income people who will directly benefit from this project: \_\_\_\_
3. What percentage of those served do you expect to be of low or moderate income (see page 2 of the City's FY05 CDBG Fact Sheet for definitions of "low" and "moderate" income)? \_\_\_\_%

Please describe how you calculated this estimate:

4. How will you document:
  - (a) That at least 51 percent of your project's beneficiaries have low or moderate incomes as defined by HUD (e.g., by income tax returns, FARMS data, affidavit) or are members of the special needs populations (see list, page 8)?
  - (b) Whether those served are City residents (e.g., by street address)?



**PROJECT DESCRIPTION** (continued)

5. Please identify any special needs populations (see list below) to be served by your project. More than one group may be identified. For any special needs population identified, estimate the number of persons your project will serve.

Special Needs Population	Number
Persons who are homeless	
Persons with physical disabilities	
Persons with mental disabilities	
Elderly persons (62 or older)	
At-risk children and youth (type of risk:_____)	
Other (specify:_____)	
Persons with multiple special needs as listed above (specify:_____ _____)	

6. What percentage of those persons served by your project fall within each of the following racial/ethnic categories?

Racial/Ethnic Category	Percentage of Persons Served
Non-Hispanic White	
African-American	
Hispanic	
Asian/Pacific Islander	
American Indian/Alaska Native	
<b>TOTAL</b>	<b>100%</b>

## **SECTION 5: ORGANIZATION EXPERIENCE AND CAPABILITY**

### **5a. Organization Background:**

1. On what date was your organization was incorporated?
  
2. Number of paid staff in your organization: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
  
3. Number of paid staff currently with your organization who will work on the proposed project:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
  
4. Number of new staff who will be hired to work on the proposed project, if funded:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
  
5. Will consultants be hired to help implement the project?  
Yes \_\_\_\_ No \_\_\_\_

If “yes,” please describe the services the consultant will offer:

**NOTE:** If your organization is funded, all subcontracts executed to carry out this project must be approved by the City.

**ATTACH** the following information at the end of the application:

\_\_\_\_\_ Board of Directors listing including names, titles, terms of office (if  
nd addresses of all members;

\_\_\_\_\_ Organization chart or organizational structure.

\_\_\_\_\_ Organization’s current annual budget and most recent financial  
statement.

6. What is the amount of your current annual operating budget? \$\_\_\_\_\_

List your major source(s) of funding:

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

**ORGANIZATION EXPERIENCE AND CAPABILITY (continued)**

**5b. Mission and Activities:**

1. Describe your organization's mission and how the proposed project fits in with your organization's mission and current activities:

2. Describe your organization's most recent key accomplishments (e.g., awards, recognitions, certifications, etc.):

**SECTION 6 - COMMUNITY DEVELOPMENT (COLLABORATION)**

6a. Describe how the proposed project's services will be coordinated with other services in the community.

6b. Is your organization a member of any City/County networking or coordinating groups (e.g., the Upcounty Latino Network or the Gaithersburg Coalition of Providers)? If "yes," please list such groups.

## **SECTION 7 - ACTION PLAN**

### **7a. Budget:**

Please complete the budget on the following pages. **YOU MUST USE THIS FORM.**

**7b. Partial Funding.** By providing partial funding for multiple projects, rather than full funding for a few projects, the City may be able to address numerous requests. Please describe in detail specific changes to your project or scope of services that could be made if your project were partially funded (e.g., the project could be undertaken on a smaller scale or it could serve fewer people). Explain how such changes could be made and whether additional funds could be obtained from other sources.

**INSTRUCTIONS FOR BUDGET FORMS:**

This form seeks information only for the project for which you are requesting funds. Do not include your organization's total operating budget

In Column A, list the titles of all positions to be funded in whole or in part with CDBG/ funds.

In Column B, for each employee shown in column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

In Column C, show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), use either different lines for each staff person or the highest rate for the position title.

In Column D, show the total CDBG budget for this line item (hourly rate times the number of CDBG hours).

In Column E, show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the grantee.

Under the FRINGE BENEFITS section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The TOTAL SALARIES & BENEFITS line should be the subtotal of all costs shown in Part I. This figure will be included in the GRAND TOTAL under Part II.

# BUDGET FORM FOR FY 2005

NOTE: Not all line items under parts I and II may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the City at 301-258-6310. Remember that funds will not be available until the late summer or early fall 2004.

	A	B	C	D	E
<b>I PERSONNEL COSTS</b>		PROJECT HRS./ TOTAL HRS. PER WEEK		TOTAL CDBG BUDGET (project hrs. X rate)	
(List all positions to be assigned to this project)			HOURLY RATE		OTHER FUNDS
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
		/	\$	\$	\$
<b>TOTAL SALARIES</b>				\$	\$
				TOTAL CDBG BUDGET (% X Total Salaries)	OTHER FUNDS BUDGET
FRINGE BENEFITS			PERCENT		
FICA			%	\$	\$
Retirement			%	\$	\$
Insurance			%	\$	\$
Workman's Compensation			%	\$	\$
State Unemployment Insurance			%	\$	\$
Other (Specify)			%	\$	\$
			%	\$	\$

		%	\$	\$
<b>TOTAL SALARIES &amp; BENEFITS</b>		%	\$	\$
<b>II. OPERATING COSTS</b>			<b>TOTAL CDBG BUDGET</b>	<b>OTHER FUNDS BUDGET</b>
Office Rent			\$	\$
Audit & Accounting			\$	\$
Books & Publications			\$	\$
Conference & Training			\$	\$
Equipment Leasing/Maintenance(1)			\$	\$
Insurance(2)			\$	\$
Legal			\$	\$
Local Mileage			\$	\$
Office Supplies/Materials			\$	\$
Postage			\$	\$
Printing			\$	\$
Telephone			\$	\$
Fidelity Bond Insurance			\$	\$
Utilities (List Separately)			\$	\$
Other (Specify)			\$	\$
			\$	\$
			\$	\$
<b>TOTAL OPERATING COSTS</b>			\$	\$
<b>GRAND TOTAL</b>			\$	\$



- (1) Funding recipients may NOT purchase equipment with federal funds.
- (2) Funding recipients are required to meet Gaithersburg's general insurance requirements (see fact sheet). Federal funds may be used to pay any increased insurance premium costs.

7c. **Timing:** Any CDBG funds awarded should be fully expended within 12 months of the date of the contract signing. Indicate below how activities will be undertaken and how funds will be spent each quarter to meet this timeframe requirement:

<b>Quarter</b>	<b>Activities Undertaken and/or Results Achieved</b>	<b>Estimated CDBG Costs</b>	<b>Other Project Costs</b>
<b>First Three Months</b>			
<b>Second Three Months</b>			
<b>Third Three Months</b>			
<b>Fourth Three Months</b>			

7d. **Key Staff and Resumes:**

1. Identify the key people responsible for carrying out this project.

Name	Title	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. For each of the staff persons listed above, provide the following information:

Name	Years with Organization	Job Responsibilities Relevant to Proposed Project	Percentage of Time to be Devoted to Project
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If new staff will be hired to carry out this project, indicate, for each, the proposed job title, responsibilities, and the percentage of time the staff person will spend on the project.

**ATTACH:** Resumes of your chief administrative and chief financial officers, and key staff who will work on the project (if known) at the end of the application. This information should enable the reviewer to determine the years of applicable experience and key accomplishments in areas relevant to the proposed activity for which funds are requested.

## SECTION 8 - LEVERAGING

8a. Under the City's policy, an organization may not receive funds for more than three years for the same project. List any CDBG or other federal funds received for this project, or for any other CDBG project, within the past five years:

Project Name: \_\_\_\_\_

CDBG/Other federal funds received \$\_\_\_\_\_ Year prior funds received: \_\_\_\_\_

Project Name: \_\_\_\_\_

CDBG/Other federal funds received \$\_\_\_\_\_ Year prior funds received: \_\_\_\_\_

Project Name: \_\_\_\_\_

CDBG/Other federal funds received \$\_\_\_\_\_ Year prior funds received: \_\_\_\_\_

Project Name: \_\_\_\_\_

CDBG/Other federal funds received \$\_\_\_\_\_ Year prior funds received: \_\_\_\_\_

8b. Have you applied for funding from other sources for this project? Yes \_\_\_\_ No \_\_\_\_

If "yes," to whom have you applied?

\_\_\_\_\_  
Source

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Source

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Source

\_\_\_\_\_  
Contact Person Telephone

\_\_\_\_\_  
Source

\_\_\_\_\_  
Contact Person Telephone

8c. 1. Identify the total cash funding for this project, and the form of assistance (e.g., loan, grant, contribution, etc.)

Source of Funds	Form of Assistance	Amount
CDBG/Other federal funds		\$
Other County Funds		\$
Other Funds		\$
		\$
		\$

2. If you will use volunteers or in-kind contributions for this project, please explain:

8d. Do you anticipate that the project will need federal funds after this year? Yes \_\_\_\_ No \_\_\_\_

If "yes," how much? \$\_\_\_\_\_ For how long? \_\_\_\_\_

Why is continued federal funding necessary?

8e. Explain in detail how you will continue this project once City funds are no longer available—regardless of whether City funds become unavailable after year 1, 2, or 3):

8f. **FOR SECOND-YEAR FUNDING REQUESTS ONLY.** If applying for second-year funding, please complete questions 8f.1 through 8f.6:

1. What steps have you taken to secure other sources of funds for this project and to ensure the continuation of this project once City funds are no longer available?

2. Please describe any modifications to the project since the project was initially funded.

3. Describe the progress of your project to date.

4. Identify the number of low- and moderate-income persons and/or households directly served since project began. Identify the specific timeframe covered by this calculation.

People \_\_\_\_\_ Households \_\_\_\_\_

5. How many people and/or households (total) have been directly served since project began? Identify the specific timeframe covered by this calculation.

People \_\_\_\_\_ Households \_\_\_\_\_

6. Identify the number of persons/households within the following racial/ethnic categories directly served since project began. Again, please identify the specific timeframe covered by this calculation.

<b>Racial/EthnicCategory</b>	<b>Number of People</b>	<b>Number of Households</b>
Non-Hispanic White		
African- American		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		